

# BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09833519	FILING DATE 04-16-01	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	I								
2		i							
3		I							
4		I							
5		I							
6		I							
7		I							
8		I							
9		I							
10		I							
11		I							
12	I								
13		I							
14		i							
15		I							
16		I							
17	I								
18		I							
19		I							
20		I							
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
32									
33									
34									
35									
36									
37									
38									
39									
40									
41									
42									
43									
44									
45									
46									
47									
48									
49									
50									
TOTAL IND.	3		↓			↓			
TOTAL DEP.	17		←	←		←	←		
TOTAL CLAIMS	70								
* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS									